

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution **Homer G Phillips Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 days**
 In this community **30 yrs**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **2 1/7**
 (d) Street No. **2308 Cole St** **9**
 (e) Citizen of foreign country? **0**
 If yes, name country

3. (a) PRINT FULL NAME **Parthenia Byrd**
 (b) If veteran, name war **-**
 (c) Social Security No. **-**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **1**
 year **1946** hour **2** minute **P** M.
 21. I hereby certify that I attended the deceased from **April 6** 19**46** to **May 1** 19**46**
 that I last saw her alive on **May 1** 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **female**
 5. Color or race **col**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Aug 28th 1834**
 (Month) (Day) (Year)

Immediate cause of death
Hypertensive Heart Disease
 Duration **Unk**

8. AGE:
 Years **61** Months **8** Days **3**
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy **No**

9. Birthplace **Fairview Ky**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Housework**

11. Industry or business
 12. Name **Jack Jesup**
 13. Birthplace **Fairview Ky**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Malinda Snorton**
 15. Birthplace **Fairview Ky**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Signature **Oliver J. Leyer** (M. D. or other)
 Address **2601 N Whittier** Date signed **5/3/46**

16. (a) Informant **Dorothy Williams**
 (b) Address **1333 Aubert Ave**
 17. (a) **burial** (b) Date thereof **5-7-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Peters cemetery**
 18. (a) Signature of funeral director **J. H. Randle**
 (b) Address **1946 Bell Avenue**
 19. **MAY 6 1946** **J. J. Bredeek**
 (Date signed) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17132

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.